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1632

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66654-523 (P-LJ 3650)	
SERIAL NO: 09/388,221	FILING DATE: September 1, 1999	EXAMINER: A. Wehbe	GROUP ART UNIT: 1632 CONFIRMATION NO. 3565
INVENTION: NOVEL CARD PROTEINS INVOLVED IN CELL DEATH REGULATION			

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited
with the United States Postal Service as first class mail in an
envelope addressed to: Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450 on October 20, 2003.

By: Pamela M. Guy
Pamela M. Guy, Reg. No. 51,228

October 20, 2003
Date of Signature

RECEIVED
OCT 28 2003
TECH CENTER 1000/2900

Transmitted herewith is a response with attached Exhibits
A, B and C, to the outstanding Office Action mailed June 19,
2003, in the above-identified application.

X Small Entity status of this application has been
established under 37 CFR 1.27.

X Request for an Extension of Time (in duplicate).

X A copy of the Notice to Comply with Requirements for
Patent Applications containing Nucleic Sequences.

X Communication regarding Sequences.

X Paper copy of sequence listing, pages 1-139.

X Computer readable form of sequence listing.

X Statement under 37 C.F.R. §1.821 (f) and (g).

X No additional claims fee is required.

 An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	67	-	71	-	0	x	\$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	19	-	19	-	0	x	\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			_____ YES		_____ X NO		\$140	\$280	=	\$	\$
							TOTAL ADDITIONAL FEE			\$0	\$

Inventors: John C. Reed
Serial No.: 09/388,221
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- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- X Please charge my Deposit Account No. 502624 the amount of \$55.00, which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

October 20, 2003
Date

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